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PTO/SB/50 (06-03)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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Attorney Docket No.

MR/98-004.RE

First Named Inventor

MISIC

Original Patent Number

6,356,081

Original Patent Issue Date
(Month/Day/Year)

March 12, 2002

Express Mail Label No.

EV303102925US

APPLICATION FOR REISSUE OF:

(Check applicable)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/ 56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. 1.175) (PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. ☒ Original U.S. Patent currently ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☐ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c). in
11. ☐ Original Patent Grant Item
☐ Ribbioned Original Patent Grant 15
☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: _____

18. CORRESPONDENCE ADDRESS



Customer Number:

21140

OR ☐

Correspondence address below

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Address

Zip Code

City

State

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NAME (Print/Type)

James R. Stevenson

Registration No. (Attorney/Agent)

38,755

Signature

Date

March 12, 2004

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number

MR/98-004.RE

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application		(3) Number Extra	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
(A)	19	Total Claims (37 CFR 1.16(j))	(B)	19	**** 0 =	x \$ 9 = \$0	or	x \$ 18 = \$0
(C)	2	Independent claims (37 CFR 1.16(i))	(D)	2	* 0 =	x \$ 43 = \$0		x \$ 86 = \$0
Basic Fee (37 CFR						\$385		\$770
Total Filing Fee						\$385		\$770

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity		
					Rate	Fee		Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 24	MINUS	** 19	= 5	x \$ 0 =	\$0		x \$ 18 =	\$90
Independent Claims (37 CFR 1.16(i))	*** 6	MINUS	***** 2	= 4	x \$ 0 =	\$0		x \$ 86 =	\$344
Total Additional Fee						\$0	OR	\$434	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.☒ Please charge Deposit Account No. 13-2530 in the amount of \$1,204.
A duplicate copy of this sheet is☒ The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 13-2530.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

March 12, 2004

Date

38,755

Registration Number, if applicable

Signature of Applicant, Attorney or Agent of Record

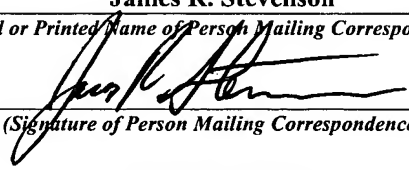
James R. Stevenson

Typed or printed name

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031204

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10) Applicant(s): GEORGE J. MISIC			Docket No. MR/98-004.RE
Serial No. To be assigned	Filing Date March 12, 2004	Examiner To be assigned	Group Art Unit To be assigned
Invention: MULTIMODE OPERATION OF QUADRATURE PHASED ARRAY MR COIL SYSTEMS			
<p>I hereby certify that the following correspondence:</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;">Reissue Patent Applic. Trans.; Fee Trans.(dupl); Decl; Consent of Assignee; Prel. Amend; Assign; IDS & related docs.</div> <p style="text-align: center;"><i>(Identify type of correspondence)</i></p> <p>is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on</p> <p style="text-align: center;"><u>March 12, 2004</u> <i>(Date)</i></p> <div style="text-align: center; margin-top: 20px;"><u>James R. Stevenson</u> <i>(Typed or Printed Name of Person Mailing Correspondence)</i>  <i>(Signature of Person Mailing Correspondence)</i> <u>EV303102925US</u> <i>("Express Mail" Mailing Label Number)</i></div> <p style="text-align: center; margin-top: 50px;">Note: Each paper must have its own certificate of mailing.</p>			